



CITY OF PARMA - DIVISION OF TAXATION EMPLOYER’S QUARTERLY RETURN OF TAX WITHHELD

FORM PW-1

I certify that the information and statements contained herein, and in any schedules or exhibits attached are true and correct.

(SIGNED) DATE

TITLE FOR QUARTER ENDING
(Pres. Treasurer, Partner, etc.)

FEDERAL EMPLOYER I.D. NO. PARMA ACCOUNT NUMBER

1	Wages Paid This Quarter \$ @ 2%
2	Less Amount Previously Paid in for This Quarter
3	Adjustment of Tax For Prior Quarter
4	Interest at 1 1/2% for each month or fraction thereof for late payment
5	Penalty at 10% for each month, or fraction thereof for late payment
6	Total (include interest and penalty due)

If no wages paid this Quarter mark NONE and return this form with explanation
MAKE CHECK PAYABLE FOR THE YEAR
AND MAIL THIS FORM TO:
CITY OF PARMA DIV. OF TAX
P.O. BOX 94734
CLEVELAND, OHIO 44101-4734
RETURN WITH PAYMENT

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TAXPAYER’S COPY
RETAIN FOR YOUR RECORDS
YOU WILL NOT RECEIVE
ANY VALIDATION
FOR THE YEAR

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